

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026948

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 58

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY **Taney**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Branson**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Skaggs Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Taney**

c. CITY OR TOWN **Point Lookout**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
School of the Ozarks

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Lawson Edwin Trone

4. DATE OF DEATH
Month Day Year
June 22 1963

5. SEX

Male

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/4/1911

9. AGE (last birthday)

51

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.
10 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrical Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Sgt

11. BIRTHPLACE (City and state or country)

Hollister, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lee Trone

13b. MOTHER'S MAIDEN NAME

Anna Larsen

14. NAME OF HUSBAND OR WIFE

May Trone

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO.

17. INFORMANT

May Trone, Point Lookout, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of liver

INTERVAL BETWEEN ONSET AND DEATH

6 MO

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1962** to **6-22-63** and last saw him alive on **6-22-63**

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

[Signature]

22b. ADDRESS

Branson, Mo

22c. DATE SIGNED

6/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-23-1963

23c. NAME OF CEMETERY OR CREMATORY

Gobblers Knob

23d. LOCATION (City, town, or county)

Hollister, Missouri

24. FUNERAL DIRECTOR

[Signature]

ADDRESS

[Signature]

25. DATE RECD. BY LOCAL REG.

6/25/63

26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

4-10801-811

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Brownfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.